



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

03818/000M728-USO

In re Application of Miljenko Dumic *et al.*

Application Number
10/624,911

Filed
July 21, 2003

For NOVEL AMORPHOUS 9-DEOXO-9A-AZA-9A-METHYL-9A-HOMOERYTHROMYCIN A, PROCESS FOR PREPARING THE SAME, AND USES THEREOF

Art Unit 1623

Examiner E. Peselev

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|---|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 50,239

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)

September 14, 2004
Date

(212) 527-7707
Telephone Number


Signature

Jonathan P. Mitchell, Ph.D.
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

Express Mail Label No.

Dated: _____